



# IP / EXCHANGE COURSE CORRELATION WORKSHEET

**STUDENT NAME** (Please Print): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Major / Minor:** \_\_\_\_\_

Host University Courses	CSUMB Equivalent (if none put N/A)	MLO#	Minor LO#	ULR/GLO	CRN	ULR Chair/ Major Dept. Signature Approval	Date

**Comments/Stipulations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faculty Advisor's Name:** \_\_\_\_\_ **Faculty Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_